

**Heritage Decorative Artists
Of Southeast Michigan**

EXPENSE

REQUESTED BY: _____ DATE: _____

Purpose of Expense: _____

ITEMIZE:

Note: All receipts must be attached for reimbursement

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL AMOUNT: _____

Treasurer: _____ Check Number: _____